2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16558

FILED Mar 23, 2009 Secretary of State

Entity Name: MEADOW LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 4225 1500 GATEWAY BOULEVARD

BOYNTON BEACH, FL 33424 SUITE 220

BOYNTON BEACH, FL 33424

Current Mailing Address: New Mailing Address:

1500 GATEWAY BOULEVARD P.O. BOX 4225 BOYNTON BEACH, FL 33424

SUITE 220

BOYNTON BEACH, FL 33424

FEI Number: 65-0394491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GULFSTREAM SERVICES MANAGEMENT GULFSTREAM SERVICES MANAGEMENT C/O SCOTT STVALEAO C/O SCOTT STRALEAU

1375 GATEWAY BLVD., SUITE 28 1500 GATEWAY BLVD., SUITE 220 BOYNTON BEACH, FL 33426 US BOYNTON BEACH, FL 33426 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SCOTT STRALEAU 03/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete YOCUM, BEVERLY BASSETT, LAWRENCE Name: Name:

82 SANDPIPER WAY Address: 17 SWALLOW DRIVE Address: City-St-Zip: BOYNTON BEACH, FL 33462 City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete Title: (X) Change () Addition PLEQNOLI, FRANCINE J Name: LEO, MARIO Name:

Address: 13 SWALLOW DRIVE Address: 92 SWALLOW DRIVE City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete Title: (X) Change () Addition

NAVATVIL, ANITA DOUGLAS, KIMBA Name: Name: 48 GUN WAY Address: Address: 89 SWALLOW DRIVE City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete Title: (X) Change () Addition

WILSON, JEFFREY Name: Name: PEREZ, GLADYS Address: 47 GULL WAY Address: 90 SWALLOW DRIVE City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE BASSETT **PRES** 03/23/2009